

207F ESA - First Installment**Estimated Insurance Premiums Tax Payment Coupon
Foreign and Nonresident Insurance Companies****Department of Revenue Services
State of Connecticut
PO Box 2990 Hartford CT 06104-2990 ▶**Organized Under Laws of ▶ _____
For Calendar Year Ending

(Rev. 12/01)

CT Insurance Premiums Tax Reg. No. ▶	1	Tax shown on 2001 Form 207F, Line 15 ▶	1		
Date Received (DRS USE ONLY) ▶	2	Multiply the tax that will be shown on 2002 Form 207F by 90% (.90) ▶	2		
Federal Employer ID Number ▶	3	Required annual payment (Enter the lesser of Line 1 or Line 2) ▶	3		
	4	Multiply Line 3 by 30% (.30) ▶	4		
	5	Overpayment from prior year applied to this estimate ▶	5		
	6	Payment due with this coupon (Subtract Line 5 from Line 4) ▶	6		

Please change
name or
mailing
address, or
both,
if shown
incorrectly
at right

DueDate: March 15**Make Checks Payable To:**
Commissioner of Revenue Services**Mail To:** Department of Revenue Services
Processing Section
PO Box 2990
Hartford CT 06104-2990**207F ESB - Second Installment****Estimated Insurance Premiums Tax Payment Coupon
Foreign and Nonresident Insurance Companies****Department of Revenue Services
State of Connecticut
PO Box 2990 Hartford CT 06104-2990 ▶**Organized Under Laws of ▶ _____
For Calendar Year Ending

(Rev. 12/01)

CT Insurance Premiums Tax Reg. No. ▶	1	Tax shown on 2001 Form 207F, Line 15 ▶	1		
Date Received (DRS USE ONLY) ▶	2	Multiply the tax that will be shown on 2002 Form 207F by 90% (.90) ▶	2		
Federal Employer ID Number ▶	3	Required annual payment (Enter the lesser of Line 1 or Line 2) ▶	3		
	4	Multiply Line 3 by 60% (.60) ▶	4		
	5	Amount paid with Form 207F ESA plus overpayment from prior year applied to estimated tax for current year ▶	5		
	6	Payment due with this coupon (Subtract Line 5 from Line 4) ▶	6		

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Due Date: June 15**Make Checks Payable To:**
Commissioner of Revenue Services**Mail To:** Department of Revenue Services
Processing Section
PO Box 2990
Hartford CT 06104-2990**207F ESC - Third Installment****Estimated Insurance Premiums Tax Payment Coupon
Foreign and Nonresident Insurance Companies****Department of Revenue Services
State of Connecticut
PO Box 2990 Hartford CT 06104-2990 ▶**Organized Under Laws of ▶ _____
For Calendar Year Ending

(Rev. 12/01)

CT Insurance Premiums Tax Reg. No. ▶	1	Tax shown on 2001 Form 207F, Line 15 ▶	1		
Date Received (DRS USE ONLY) ▶	2	Multiply the tax that will be shown on 2002 Form 207F by 90% (.90) ▶	2		
Federal Employer ID Number ▶	3	Required annual payment (Enter the lesser of Line 1 or Line 2) ▶	3		
	4	Multiply Line 3 by 80% (.80) ▶	4		
	5	Amount paid with Forms 207F ESA and 207F ESB plus overpayment from prior year applied to estimated tax for current year ▶	5		
	6	Payment due with this coupon (Subtract Line 5 from Line 4) ▶	6		

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Due Date: September 15**Make Checks Payable To:**
Commissioner of Revenue Services**Mail To:** Department of Revenue Services
Processing Section
PO Box 2990
Hartford CT 06104-2990

207F ESD - Fourth Installment

Estimated Insurance Premiums Tax Payment Coupon
Foreign and Nonresident Insurance Companies

Department of Revenue Services
State of Connecticut
PO Box 2990 Hartford CT 06104-2990 ▶

Organized Under Laws of ▶
For Calendar Year Ending

(Rev. 12/01)

CT Insurance Premiums Tax Reg. No. ▶	1	Tax shown on 2001 Form 207F, Line 15 ▶	1		
Date Received (DRS USE ONLY) ▶	2	Multiply the tax that will be shown on 2002 Form 207F by 90% (.90) ▶	2		
Federal Employer ID Number ▶	3	Required annual payment (Enter the lesser of Line 1 or Line 2) ▶	3		
	4	Amount paid with Forms 207F ESA, 207F ESB, and 207F ESC plus overpayment from prior year applied to estimated tax for current year ▶	4		
	5	Payment due with this coupon (Subtract Line 4 from Line 3) ▶	5		

Please change
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Due Date: December 15
Make Checks Payable To:
Commissioner of Revenue Services
Mail To: Department of Revenue Services
Processing Section
PO Box 2990
Hartford CT 06104-2990

Instructions

Who Must File This Coupon

Each foreign or nonresident insurance company that is carrying on an insurance business in Connecticut and whose expected current year tax liability is \$1,000 or more.

Do not file this coupon if the expected current year liability is less than \$1,000.

Required Annual Payment

Required annual payment means the lesser of:

- (1) 90% (.90) of the tax (including retaliatory tax) that will be shown on 2002 Form 207F; or
- (2) 100% of the tax shown on your 2001 Form 207F, Line 15.

Payment Due With This Coupon

Thirty percent (30%) of the required annual payment less any overpayment from a prior year.

Interest

If the payment, together with all prior payments, does not equal 30% (.30) of the required annual payment, interest accrues at the rate of 1% (.01) per month (or fraction of a month) on the underpaid amount.

207F ESA Back (Rev. 12/01)

Instructions

Who Must File This Coupon

Each foreign or nonresident insurance company that is carrying on an insurance business in Connecticut and whose expected current year tax liability is \$1,000 or more.

Do not file this coupon if the expected current year liability is less than \$1,000.

Required Annual Payment

Required annual payment means the lesser of:

- (1) 90% (.90) of the tax (including retaliatory tax) that will be shown on 2002 Form 207F; or
- (2) 100% of the tax shown on your 2001 Form 207F, Line 15.

Payment Due With This Coupon

Sixty percent (60%) of the required annual payment less any estimated payment made with Form 207F ESA and any overpayment from a prior year.

Interest

If the payment, together with all prior payments, does not equal 60% (.60) of the required annual payment, interest accrues at the rate of 1% (.01) per month (or fraction of a month) on the underpaid amount.

207F ESB Back (Rev. 12/01)

Instructions

Who Must File This Coupon

Each foreign or nonresident insurance company that is carrying on an insurance business in Connecticut and whose expected current year tax liability is \$1,000 or more.

Do not file this coupon if the expected current year liability is less than \$1,000.

Required Annual Payment

Required annual payment means the lesser of:

- (1) 90% (.90) of the tax (including retaliatory tax) that will be shown on 2002 Form 207F; or
- (2) 100% of the tax shown on your 2001 Form 207F, Line 15.

Payment Due With This Coupon

Eighty percent (80%) of the required annual payment less any estimated payments made with Forms 207F ESA and 207F ESB and any overpayment from a prior year.

Interest

If the payment, together with all prior payments, does not equal 80% (.80) of the required annual payment, interest accrues at the rate of 1% (.01) per month (or fraction of a month) on the underpaid amount.

207F ESC Back (Rev. 12/01)

Instructions

Who Must File This Coupon

Each foreign or nonresident insurance company that is carrying on an insurance business in Connecticut and whose expected current year tax liability is \$1,000 or more.

Do not file this coupon if the expected current year liability is less than \$1,000.

Required Annual Payment

Required annual payment means the lesser of:

- (1) 90% (.90) of the tax (including retaliatory tax) that will be shown on 2002 Form 207F; or
- (2) 100% of the tax shown on your 2001 Form 207F, Line 15.

Payment Due With This Coupon

One hundred percent (100%) of the required annual payment less any estimated payments made with Forms 207F ESA, 207F ESB, and 207F ESC and any overpayment from a prior year.

Interest

If the payment, together with all prior payments, does not equal 100% (1.0) of the required annual payment, interest accrues at the rate of 1% (.01) per month (or fraction of a month) on the underpaid amount.